

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American College of Radiology Association Political Action Committee

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different  
than previously  
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2011

through

04

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR William Herrington

Signature of Treasurer

Electronically Filed by DR William Herrington

Date

05

20

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div>2011</div>	<div>694551.36</div>
(b) Cash on Hand at Beginning of Reporting Period .....	<div>715389.50</div>	
(c) Total Receipts (from Line 19) .....	<div>221269.38</div>	<div>518440.34</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<div>936658.88</div>	<div>1212991.70</div>
7. Total Disbursements (from Line 31) .....	<div>39146.69</div>	<div>315479.51</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>897512.19</div>	<div>897512.19</div>
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	4	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	200737.82	458649.84
(ii) Unitemized .....	20523.38	59758.16
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	221261.20	518408.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	221261.20	518408.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	8.18	32.34
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	221269.38	518440.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	221269.38	518440.34

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36500.00	307000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	1000.00	1270.00	
(b) Political Party Committees .....	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	1000.00	1270.00	
29. Other Disbursements.....	1646.69	7209.51	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	39146.69	315479.51	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39146.69	315479.51	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	221261.20	518408.00
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	1270.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	220261.20	517138.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs Grover, Christie & Me-  
rritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460598

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Goree

Mailing Address 2320 Cromwell Cir

City

Davenport

State

IA

Zip Code

52807-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Group, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460599

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joseph DeMartini

Mailing Address PO Box 85398

City

Seattle

State

WA

Zip Code

98145-1398

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460602

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

990.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Virginia Eschbach

Mailing Address 2410 141st Pl SE

City

Mill Creek

State

WA

Zip Code

98012-1336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460605

Amount of Each Receipt this Period

210.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Yiu-Kai Aaron Fu

Mailing Address 13028 7th Ave NW

City

Seattle

State

WA

Zip Code

98177-4243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.76

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460606

Amount of Each Receipt this Period

466.76

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ben Harmon

Mailing Address 728 134th Street, S.W.  
Suite 120

City

Everett

State

WA

Zip Code

98204-5322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.15

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460607

Amount of Each Receipt this Period

318.15

**SUBTOTAL** of Receipts This Page (optional) .....

994.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Hawkins

Mailing Address 7856 Scatchet Head Rd

City

Clinton

State

WA

Zip Code

98236-9768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460608

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bart Keogh

Mailing Address 232 Belmont Ave E Apt 606

City

Seattle

State

WA

Zip Code

98102-6308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460609

Amount of Each Receipt this Period

1346.17

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Marlow

Mailing Address 7821 115th PI NE

City

Kirkland

State

WA

Zip Code

98033-6710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460610

Amount of Each Receipt this Period

280.00

**SUBTOTAL** of Receipts This Page (optional) .....

1976.17

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark Mayhle

Mailing Address 907 14th Ave E

City

Seattle

State

WA

Zip Code

98112-3903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460611

Amount of Each Receipt this Period

280.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mohammed Quraishi

Mailing Address 4385 Mason St

City

Omaha

State

NE

Zip Code

68105-1729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460612

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Scott Vanderheiden

Mailing Address 10501 NE 114th Ln

City

Kirkland

State

WA

Zip Code

98033-4426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460613

Amount of Each Receipt this Period

273.00

**SUBTOTAL** of Receipts This Page (optional) .....

903.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Garyun Blackmon

Mailing Address 8370 Rustic Woods Way

City

Loomis

State

CA

Zip Code

95650-8038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460614

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. George Bolton

Mailing Address 133 Yankton St

City

Folsom

State

CA

Zip Code

95630-8140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460615

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jonathan Breslau

Mailing Address 2690 Azalea Rd

City

Sacramento

State

CA

Zip Code

95864-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Associates  
of Sacramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.04

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460616

Amount of Each Receipt this Period

680.04

**SUBTOTAL** of Receipts This Page (optional) .....

1280.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Chong

Mailing Address 27075 E El Macero

City

El Macero

State

CA

Zip Code

95618-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460618

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Huu-Ninh Dao

Mailing Address 2627 Rockwell Dr

City

Davis

State

CA

Zip Code

95618-7664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Associates  
of Sacramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460619

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John De la Vega

Mailing Address 1422 4th St

City

Sacramento

State

CA

Zip Code

95814-5321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.02

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460620

Amount of Each Receipt this Period

625.02

**SUBTOTAL** of Receipts This Page (optional) .....

1225.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Scott Foster

Mailing Address 3807 Del Valle Pl

City

Davis

State

CA

Zip Code

95618-6735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460623

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Hani Greiss

Mailing Address 5958 Granite Hills Dr

City

Granite Bay

State

CA

Zip Code

95746-6764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460624

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Harty

Mailing Address 5249 Wyndham Oak Ln

City

Carmichael

State

CA

Zip Code

95608-3472

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460625

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Glenn Hofer

Mailing Address 7335 Sierra Dr

City

Granite Bay

State

CA

Zip Code

95746-9584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rad Assoc of Sacramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: 39460626

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Hoffman

Mailing Address 1117 Teneighth Way

City

Sacramento

State

CA

Zip Code

95818-4024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: 39460627

Amount of Each Receipt this Period

252.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Kuo

Mailing Address 2619 Mariella Dr

City

Rocklin

State

CA

Zip Code

95765-5618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: 39460628

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

852.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Don Charles Loomer

Mailing Address 1747 E Wallington Ln

City

Fresno

State

CA

Zip Code

93730-3596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460629

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Vartan Malian

Mailing Address 100 Crane Meadow Ct

City

Roseville

State

CA

Zip Code

95661-4030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460630

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mylon Marshall

Mailing Address 2201 Lassen Pl

City

Davis

State

CA

Zip Code

95616-6604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460631

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Charles McDonnell, III

Mailing Address 5436 Ridge Park Dr

City

Loomis

State

CA

Zip Code

95650-7701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: 39460632

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Norton

Mailing Address 1441 Kingsford Dr

City

Carmichael

State

CA

Zip Code

95608-6162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rad Assoc of Sacramento  
Med Gr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: 39460634

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Schaefer

Mailing Address 1500 Expo Pkwy.

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: 39460674

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

900.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Albert Schraner

Mailing Address 5300 Tufts St

City

Davis

State

CA

Zip Code

95618-7219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460675

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Seidenwurm

Mailing Address 2806 Hoffman Bluff Way

City

Carmichael

State

CA

Zip Code

95608-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460676

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Simopoulos

Mailing Address Rad Assoc of Sacramento  
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460677

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Susan Sompayrac

Mailing Address 718 Whitehall Way

City

Sacramento

State

CA

Zip Code

95864-6136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc of Sac-  
ramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: 39460678

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Steidler

Mailing Address 1806 Vela Pl

City

Davis

State

CA

Zip Code

95618-6760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: 39460679

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Winfield

Mailing Address 1500 Expo Pkwy.

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: 39460683

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

900.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Dylan Witt

Mailing Address 3636 Washoe St

City

Davis

State

CA

Zip Code

95618-5087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460684

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Benjamin Franc

Mailing Address 438 Portofino Dr Apt 103

City

San Carlos

State

CA

Zip Code

94070-3574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of California

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460686

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Sharon Dutton

Mailing Address 8185 Winterhawk Ln

City

Granite Bay

State

CA

Zip Code

95746-9018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460689

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Roger Gilbert

Mailing Address 1500 Expo Pkwy.

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	1	1

Transaction ID: 39460690

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Jones

Mailing Address 8 Ardea Pl

City

Sacramento

State

CA

Zip Code

95835-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	1	1

Transaction ID: 39460692

Amount of Each Receipt this Period

240.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Susan Lee

Mailing Address 1500 Expo Pkwy.

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	1	1

Transaction ID: 39460693

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional) .....

1140.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Linstadt

Mailing Address 2 Medical Plaza Drive  
Suite 180City State Zip Code  
Roseville CA 95661-3049FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiation Oncology CentersOccupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: 39460694

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark Logsdon

Mailing Address Rad Associates of Sacramento  
1500 Expo PkwyCity State Zip Code  
Sacramento CA 95815-4227FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiological Assoc. of Sa-  
cramentoOccupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: 39460695

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Seth Rosenthal

Mailing Address Rad Assoc of Sacramento  
1500 Expo PkwyCity State Zip Code  
Sacramento CA 95815-4227FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiological Assoc. of Sa-  
cramentoOccupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: 39460697

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael Bruce Gotway

Mailing Address 9850 N 128th St

City

Scottsdale

State

AZ

Zip Code

85259-5344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460739

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Sunil Ram

Mailing Address 12455 N 118th Way

City

Scottsdale

State

AZ

Zip Code

85259-2718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460748

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Rodney Owen

Mailing Address 9122 N 60th St

City

Paradise Valley

State

AZ

Zip Code

85253-1735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460753

Amount of Each Receipt this Period

270.00

**SUBTOTAL** of Receipts This Page (optional) .....

795.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Howard Fleishon

Mailing Address 3690 E Camino Sin Nombre

City

Paradise Valley

State

AZ

Zip Code

85253-5011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Radiologists LTD

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460762

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Baek

Mailing Address 1701 Stonehenge Rd

City

Charleston

State

WV

Zip Code

25314-1675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kanawha Valley Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460763

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Angel Gomez

Mailing Address Gaucin St. J-44  
Villa Andalucia

City

San Juan

State

PR

Zip Code

00926-2522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Puerto Rico

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: 39460764

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Eva Cruz-Jove

Mailing Address 393 Dorado Beach E

City

Dorado

State

PR

Zip Code

00646-2220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of PA Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 1

Transaction ID: 39478789

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Edgar Colon, M.D.

Mailing Address Montehiedra 247 Reina Mora

City

San Juan

State

PR

Zip Code

00926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Puerto Rico  
School of Me

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 1

Transaction ID: 39478791

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mayra Maldonado-Duran

Mailing Address Vistas de los Frailes Apt 80

City

Guaynabo

State

PR

Zip Code

00969-5152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 1

Transaction ID: 39478792

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Singer

Mailing Address 465 Parkhouse Ct

City

Marco Island

State

FL

Zip Code

34145-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Naples Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Transaction ID: 39478793

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard Taxin

Mailing Address 5 Hilltop Rd

City

Rose Valley

State

PA

Zip Code

19086-6216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Transaction ID: 39478794

Amount of Each Receipt this Period

520.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Paul Larson

Mailing Address 110 Stoney Beach Rd

City

Oshkosh

State

WI

Zip Code

54902-7243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Fox Valley

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Transaction ID: 39478807

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional) .....

4020.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Shaer

Mailing Address 704 Castlewood Dr

City

Dresher

State

PA

Zip Code

19025-2014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Deanes Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 1

Transaction ID: 39478808

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jorge Perez-Bras

Mailing Address Mansiones De Vollanova  
Calle D Blq F-1-6

City

Rio Piedras

State

PR

Zip Code

00926-6435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Servicios Radiologicos As-  
sociation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 1

Transaction ID: 39567140

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Vivian Rivera

Mailing Address H-26 Villa Caparra Norte

City

Guaynabo

State

PR

Zip Code

00966-1731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Vincent's Hosp & Med.  
Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 1

Transaction ID: 39567142

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lorraine Vazquez de Corral

Mailing Address La Colina Calle St B23

City

Guaynabo

State

PR

Zip Code

00969-3202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors' Center Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 1

Transaction ID: 39567143

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Celene Hadley

Mailing Address 576 Ave Alterial B Apt 1004

City

San Juan

State

PR

Zip Code

00918-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VA Hospital of San Juan

Occupation

Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39611520

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alfred Beyer, III

Mailing Address 5201 Trent Woods Dr

City

Trent Woods

State

NC

Zip Code

28562-7441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Radiology Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39613958

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

580.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Samuel Buff

Mailing Address Coastal Radiology  
Box 12065

City State Zip Code  
New Bern NC 28561-2065

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coastal Radiology Associa-  
tes

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39613959

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Elizabeth D'Angelo

Mailing Address 108 Bur Ben Ln

City State Zip Code  
New Bern NC 28560-7520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coastal Radiology Associa-  
tes

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39613963

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Catherine Everett

Mailing Address 812 Madame Moore Ln

City State Zip Code  
New Bern NC 28562-6446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coastal Radiology Associa-  
tes

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39613964

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Flye

Mailing Address 1000 Cambridge Ct

City

Trent Woods

State

NC

Zip Code

28562-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Radiology Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39613965

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Lorentzen

Mailing Address Coastal Radiology  
PO Box 12065

City

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Radiology Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39613966

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Stephen Sides

Mailing Address 112 Allen Dr

City

New Bern

State

NC

Zip Code

28562-7751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Radiology Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39613967

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Timothy Sloan

Mailing Address 5301 TRENT WOODS DRIVE

City

Trent Woods

State

NC

Zip Code

28562-7443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Radiology Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: 39613969

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John A. Snyder

Mailing Address 605 Pollock St

City

New Bern

State

NC

Zip Code

28562-5613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Radiology Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: 39613970

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Tarver

Mailing Address 110 Friburg Rd

City

New Bern

State

NC

Zip Code

28562-8971

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Radiology Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: 39613971

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional) .....

240.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Vipin Bansal

Mailing Address 9485 Treelake Rd

City

Granite Bay

State

CA

Zip Code

95746-6623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: 39613972

Amount of Each Receipt this Period

240.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Sulser

Mailing Address 5280 Squaw Creek Rd

City

Casper

State

WY

Zip Code

82604-4257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Casper Medical Imaging,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: 39613973

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Charles Bowkley, III

Mailing Address 6172 Coronado Dr

City

Casper

State

WY

Zip Code

82609-4310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Johns Hopkins University

Occupation

Radiology Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: 39613976

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1240.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael Sloan

Mailing Address PO Box 1646

City

Cheyenne

State

WY

Zip Code

82003-1646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Casper Medical Imaging,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39613977

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Anna Chen

Mailing Address 70 Lanoche Ct

City

Williamsville

State

NY

Zip Code

14221-1977

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39613978

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City

Williamsville

State

NY

Zip Code

14221-1984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39613979

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. X Cynthia Fan

Mailing Address 8232 Oakway Lane

City

Williamsville

State

NY

Zip Code

14221-2871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39613980

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Anthony Foti

Mailing Address 6545 Belle Way

City

East Amherst

State

NY

Zip Code

14051-2817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39613981

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Hayes

Mailing Address 113 Knob Hill Rd

City

Orchard Park

State

NY

Zip Code

14127-3938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39613982

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Markus K. Holzhauer

Mailing Address 5967 Corinne Ln

City

Clarence Center

State

NY

Zip Code

14032-9527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: 39613983

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

DR Patrick Lahr

Mailing Address 81 Corrina Ln

City

Salem

State

CT

Zip Code

06420-4113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: 39613984

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Stuart Rubin

Mailing Address 8176 Driftwood Ct

City

Williamsville

State

NY

Zip Code

14221-8501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: 39613985

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Teresa Small

Mailing Address 10540 Stoneway

City

Clarence

State

NY

Zip Code

14031-2100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39613987

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Eric Snitzer

Mailing Address 5013 Rockhaven Dr

City

Clarence

State

NY

Zip Code

14031-2436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39613988

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Summers

Mailing Address 13 Mourning Dove Ct

City

Orchard Park

State

NY

Zip Code

14127-3000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39613989

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Janet Sung

Mailing Address 9765 Rocky Pt

City

Clarence

State

NY

Zip Code

14031-1589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39613990

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Wolf

Mailing Address 16 Whitecliff Dr

City

Pittsford

State

NY

Zip Code

14534-2928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39613991

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kimberly Applegate

Mailing Address 640 Morningside Ct

City

Zionsville

State

IN

Zip Code

46077-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emory Healthcare

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39614018

Amount of Each Receipt this Period

900.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Debra Monticciolo

Mailing Address Scott and White Clinic  
2401 S 31st St

City State Zip Code  
Temple TX 76508-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Scott and White Clinic

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39614019

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Naveen Parti

Mailing Address 15 Crescent Ave

City State Zip Code  
Greenville SC 29605-2810

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Greenville Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39614020

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Duncan, JR

Mailing Address 611 Weymouth Dr

City State Zip Code  
Spartanburg SC 29302-2813

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Greenville Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 39614021

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Strax

Mailing Address 8719 Pasture View Ln

City

Houston

State

TX

Zip Code

77024-7040

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Greater Houston Radiology  
Association

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: 39614022

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Greenshields

Mailing Address 6090 Old Lexington Rd

City

Athens

State

GA

Zip Code

30605-5060

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Athens Radiology Associat-  
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: 39614024

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Charles Grimes

Mailing Address 2 Park Cir

City

Cape Elizabeth

State

ME

Zip Code

04107-9682

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Spectrum Medical Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: 39616748

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Rita S. Patel

Mailing Address 3 Ware Rd

City

Upper Saddle River

State

NJ

Zip Code

07458-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39642830

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mitchell Miller

Mailing Address 2 Constitution Ct Apt 1009

City

Hoboken

State

NJ

Zip Code

07030-6730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39642831

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Sean D. Pierce

Mailing Address 509 48th Ave Apt 2A

City

Long Island City

State

NY

Zip Code

11101-5604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39642832

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. George Joseph Ferrone

Mailing Address 440 E 62nd St Apt 18F

City

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39642833

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City

Closter

State

NJ

Zip Code

07624-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39642834

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Adam Bogomol

Mailing Address 200 W 72nd St Apt 11k

City

New York

State

NY

Zip Code

10023-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39642862

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Harry Agress, JR

Mailing Address 250 E 87th St Apt 23B

City

New York

State

NY

Zip Code

10128-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39642865

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City

New York

State

NY

Zip Code

10023-7451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39642866

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kavita Patel

Mailing Address 35 Annfield Ct

City

Staten Island

State

NY

Zip Code

10304-1301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39642867

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City

Wyckoff

State

NJ

Zip Code

07481-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39642868

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City

New York

State

NY

Zip Code

10028-7357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39642910

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

07481-1072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39642911

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City

New York

State

NY

Zip Code

10075-0515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39642913

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John DeMeritt

Mailing Address 18 Baldwin Rd

City

Saddle River

State

NJ

Zip Code

07458-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39642915

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth Berkenstock

Mailing Address P.O. Box 3555

City

Lancaster

State

PA

Zip Code

17604-3555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Radiology Assoc-  
iates

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39643014

Amount of Each Receipt this Period

84.00

**SUBTOTAL** of Receipts This Page (optional) .....

144.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Kramer

Mailing Address 2147 Meadow Ridge Dr

City

Lancaster

State

PA

Zip Code

17601-5762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Radiology Assoc-  
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39643274

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Paul Leslie

Mailing Address 260 Eshelman Rd

City

Lancaster

State

PA

Zip Code

17601-5645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Radiology Assoc-  
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39643275

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Weybright

Mailing Address 1234 Mastersonville Rd

City

Manheim

State

PA

Zip Code

17545-9461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Radiology Assoc-  
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39643356

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Simon Westacott

Mailing Address 1965 Glendower Dr

City

Lancaster

State

PA

Zip Code

17601-4945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Radiology Assoc-  
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39643358

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Steven Berrett

Mailing Address 608 Corriente Ct

City

Camarillo

State

CA

Zip Code

93010-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pueblo Radiology Medical  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644328

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. M Black

Mailing Address 4730 La Puma Ct

City

Camarillo

State

CA

Zip Code

93012-4055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pueblo Radiology Medical  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644331

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gary Blum

Mailing Address 415 Foxen Dr

City

Santa Barbara

State

CA

Zip Code

93105-2510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pueblo Radiology Medical  
Group, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644332

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Bohannon

Mailing Address 169 La Patera Dr

City

Camarillo

State

CA

Zip Code

93010-8413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pueblo Radiology Medical  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644334

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ramona Clark

Mailing Address 1250 Mesa Rd

City

Santa Barbara

State

CA

Zip Code

93108-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pueblo Radiology Med Group,  
Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644336

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 181

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. James Day, JR

Mailing Address 4430 Sweet Briar St

City

Ventura

State

CA

Zip Code

93003-1928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pueblo Radiology Medical  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644461

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Sean Mauric Freyne

Mailing Address 369 Paseo de Playa Apt 303

City

Ventura

State

CA

Zip Code

93001-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pueblo Radiology Medical  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644462

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Laurel Hansch

Mailing Address 5522 Berkeley Rd

City

Santa Barbara

State

CA

Zip Code

93111-1616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pueblo Medical Radiology  
Group, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644463

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lawrence Harter

Mailing Address 5235 Paseo Cameo

City

Santa Barbara

State

CA

Zip Code

93111-1133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pueblo Radiology Medical  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644464

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ivan Hayward

Mailing Address 1292 Church St

City

Ventura

State

CA

Zip Code

93001-2125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pueblo Radiology Medical  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644465

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Herzig

Mailing Address 1105 Country Club Dr

City

Ojai

State

CA

Zip Code

93023-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pueblo Radiology Medical  
Group, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644466

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Krause

Mailing Address 1023 Via Ondulando

City

Ventura

State

CA

Zip Code

93003-1337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pueblo Radiology Medical  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644467

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Winifred Leung

Mailing Address 1155 Oriole Rd

City

Santa Barbara

State

CA

Zip Code

93108-2438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644468

Amount of Each Receipt this Period

583.38

**C.**

Full Name (Last, First, Middle Initial)

Dr. Edward Lin

Mailing Address 32651 Rachel Cir

City

Dana Point

State

CA

Zip Code

92629-1066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pueblo Radiology Medical  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644469

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2583.38

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Luna

Mailing Address 821 Laguna St Unit A

City

Santa Barbara

State

CA

Zip Code

93101-0907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
X-Ray Medical Group, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644470

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Raymond Mastrovito

Mailing Address Pueblo Radiology Medical Group  
PO Box 1326

City

Santa Barbara

State

CA

Zip Code

93102-1326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pueblo Radiology Medical  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644494

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Osburn

Mailing Address 238 E Calle Laureles

City

Santa Barbara

State

CA

Zip Code

93105-2712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pueblo Radiology Medical  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644497

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Sommer

Mailing Address 10891 Encino Dr

City

Oak View

State

CA

Zip Code

93022-9245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pueblo Radiology Med Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644499

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William Theurer

Mailing Address 509 Country View Place

City

Camarillo

State

CA

Zip Code

93010-8462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pueblo Radiology Medical  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644501

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John Wrench

Mailing Address 105 Canon Dr

City

Santa Barbara

State

CA

Zip Code

93105-2636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pueblo Radiology Medical  
Group, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39644528

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Justin Smith

Mailing Address 8488 Hunts Point Ln

City

Hunts Point

State

WA

Zip Code

98004-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging Associates,  
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39645885

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Debra Monticciolo

Mailing Address Scott and White Clinic  
2401 S 31st St

City

Temple

State

TX

Zip Code

76508-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scott and White Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39645886

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Irving Ehrlich

Mailing Address 1727 Cleveland Ave

City

Wyomissing

State

PA

Zip Code

19610-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JM Winston Radiology Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39645887

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Douglas Sutherland

Mailing Address 3100 Tantallon Cir SE

City

Hampton Cove

State

AL

Zip Code

35763-5308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology of Huntsville,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39646656

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Heidy Rodriguez

Mailing Address Num 31 Calle 2

City

San Juan

State

PR

Zip Code

00926-5917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Puerto Rico School  
of Me

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39646657

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Miguel Roman

Mailing Address Cond. La Sierra del Sol Apt 6

City

San Juan

State

PR

Zip Code

00926-4331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39646659

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Duszak, JR

Mailing Address 3056 Wetherby Dr

City

Germantown

State

TN

Zip Code

38139-8080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mid South Imaging and The-  
rapeutics

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39646660

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Timothy Bernauer

Mailing Address 13 Pintail PI

City

Appleton

State

WI

Zip Code

54913-8068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Appleton

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39646774

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Stock

Mailing Address 115 Plush Mill Road

City

Wallingford

State

PA

Zip Code

19086-6018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39647067

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional) .....

1870.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Stefan Skalina

Mailing Address 19 Brookside Rd

City

Wallingford

State

PA

Zip Code

19086-6208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	1

Transaction ID: 39647069

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bruce J. Thaler

Mailing Address 4131 Sudbrook Sq W

City

New Albany

State

OH

Zip Code

43054-9685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	1

Transaction ID: 39647071

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Husted

Mailing Address Crozier-Chester Med Ctr  
1 Medical Center Blvd

City

Chester

State

PA

Zip Code

19013-3902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	1

Transaction ID: 39647073

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Damon Soeiro

Mailing Address 102 S Swarthmore Ave

City

Swarthmore

State

PA

Zip Code

19081-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39647075

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard Taxin

Mailing Address 5 Hilltop Rd

City

Rose Valley

State

PA

Zip Code

19086-6216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39647437

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John Hiehle, JR

Mailing Address 915 Westdale Avenue

City

Swarthmore

State

PA

Zip Code

19081-2223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39647439

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Chad Brecher

Mailing Address 235 S Wayne Ave

City

Wayne

State

PA

Zip Code

19087-4820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39647440

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jay Kleinman

Mailing Address 2130 Greenbrier Dr

City

Villanova

State

PA

Zip Code

19085-1708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39647442

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Gordon

Mailing Address 150 Glenwood Road

City

Haddonfield

State

NJ

Zip Code

08033-3427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39647443

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Schwartzman

Mailing Address 126 Mill Brook Ln

City

State

Zip Code

Media

PA

19063-6319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	3	/	2	0	1	1

Transaction ID: 39647644

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Amr El Jack

Mailing Address 2223 E Deerfield Drive

City

State

Zip Code

Media

PA

19063-1833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	3	/	2	0	1	1

Transaction ID: 39647645

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kurt Muetterties

Mailing Address 239 Painter Rd

City

State

Zip Code

Media

PA

19063-4518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	3	/	2	0	1	1

Transaction ID: 39647646

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jonathan Morgan

Mailing Address 25 Roscommon Dr

City

Newtown Square

State

PA

Zip Code

19073-3047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39647647

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Krish Ramprasad

Mailing Address 116 Harwicke Rd

City

Springfield

State

PA

Zip Code

19064-2410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39647648

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Eric Rubin

Mailing Address 24 Charter Oak Dr

City

Newtown Square

State

PA

Zip Code

19073-3020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39647722

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Heather Hahn

Mailing Address 136 Bromley Dr

City

Wilmington

State

DE

Zip Code

19808-1370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	1

Transaction ID: 39647723

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Irene Woo

Mailing Address 6 Greystone Cir

City

Newtown Square

State

PA

Zip Code

19073-4422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	1

Transaction ID: 39647724

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Lance Becker

Mailing Address 1405 Wesleys Run

City

Gladwyne

State

PA

Zip Code

19035-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	1

Transaction ID: 39647726

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Khozaim Nakhoda

Mailing Address 3831 Rotherfield Ln

City

Chadds Ford

State

PA

Zip Code

19317-8925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39647727

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Adam Robert Fisher

Mailing Address 2035 Grantham Rd

City

Berwyn

State

PA

Zip Code

19312-2119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39647808

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Carrie Kresge

Mailing Address 10 Stoney Brook Blvd

City

Newtown Square

State

PA

Zip Code

19073-3953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39647809

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lisa Collazzo

Mailing Address 3 Pennsford Ln

City

State

Zip Code

Media

PA

19063-2051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39647810

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Patricia Saluk

Mailing Address 916 Winding Way

City

State

Zip Code

Media

PA

19063-1656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39647811

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. C Amy Wilson

Mailing Address 146 W Tulpehocken St

City

State

Zip Code

Philadelphia

PA

19144-2620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39647812

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Justin Blum

Mailing Address 11 Kershaw Road

City

Wallingford

State

PA

Zip Code

19086-6203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39647870

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gary Gustafson

Mailing Address 4792 Orchard Ridge Dr

City

Troy

State

MI

Zip Code

48098-4121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William Beaumont Hospital

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39668845

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gilberto Ramos-Pesquera

Mailing Address Urb Apolo  
2100 Onfala St

City

Guaynabo

State

PR

Zip Code

00969-5048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675462

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

620.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul Willman

Mailing Address 315 Deans Ln

City

Goldsboro

State

NC

Zip Code

27530-5577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wayne Radiologists PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675463

Amount of Each Receipt this Period

700.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Vance Edwards

Mailing Address 2700 Medical Office Pl

City

Goldsboro

State

NC

Zip Code

27534-9460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wayne Radiologists PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675464

Amount of Each Receipt this Period

700.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kevin Cregan

Mailing Address Wayne Radiologists  
2700 Med Office Pl

City

Goldsboro

State

NC

Zip Code

27534-9460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wayne Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675465

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional) .....

2200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Bradley Brenton

Mailing Address 110 Veranda Pl

City

Goldsboro

State

NC

Zip Code

27530-9115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wayne Radiologists PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675466

Amount of Each Receipt this Period

700.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Wanda Vega

Mailing Address 3307 Isla Verde Ave Apt 507

City

Carolina

State

PR

Zip Code

00979-4910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VA Hospital of PR

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675467

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Dale Johnston

Mailing Address 33 Woodberry Rd

City

Little Rock

State

AR

Zip Code

72212-2743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675469

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Diana F. Shaplin

Mailing Address 910 Kimswick Manor Ln

City

Ballwin

State

MO

Zip Code

63011-5115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675470

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gerard Helinek

Mailing Address 25 Hummingbird Rd

City

Wyomissing

State

PA

Zip Code

19610-2849

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Reading Radiology As-  
sociates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675471

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. J Zetterberg

Mailing Address St Raphaels Hosp/New Haven Rad Ass  
1450 Chapel St

City

New Haven

State

CT

Zip Code

06511-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Haven Radiology Assoc-  
iates, PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675472

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Todd Baird

Mailing Address 105 E Hillcrest Ave

City

Richmond

State

VA

Zip Code

23226-2236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675805

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jessica Berliner

Mailing Address 3 Welwyn Pl

City

Richmond

State

VA

Zip Code

23229-8111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675806

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Beskin

Mailing Address 12218 Country Hills Ter

City

Glen Allen

State

VA

Zip Code

23059-5339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology PC

Occupation

Neuroradiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675807

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. James Bosworth

Mailing Address 6 Nomax Ln

City

Richmond

State

VA

Zip Code

23238-5728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675808

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Douglas Cook

Mailing Address 217 Amphill Rd

City

Richmond

State

VA

Zip Code

23226-2234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675809

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark Dixon

Mailing Address 5004 Westcott Landing Cir

City

Glen Allen

State

VA

Zip Code

23059-7080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675810

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jean Dufour

Mailing Address 9517 Cragmont Drive

City

Richmond

State

VA

Zip Code

23229-7612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675811

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Ekey

Mailing Address 3810 Sulgrave Rd

City

Richmond

State

VA

Zip Code

23221-3328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675812

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Maurice Finnegan, JR

Mailing Address Commonwealth Radiology, PC  
1510 Willow Lawn Dr Ste 102

City

Richmond

State

VA

Zip Code

23230-3429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology,  
PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675813

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Goldschmidt

Mailing Address 8947 Cherokee Rd

City

Richmond

State

VA

Zip Code

23235-1411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675814

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Amos Habib

Mailing Address 3816 Indigo Run Dr

City

Richmond

State

VA

Zip Code

23233-1128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675815

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Karen Killeen

Mailing Address 3808 Dover Rd

City

Richmond

State

VA

Zip Code

23221-2337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675816

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Karsten Konerding

Mailing Address 205 Cyril Ln

City

Richmond

State

VA

Zip Code

23229-7740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675817

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Turner Lewis

Mailing Address 19 Robin Rd

City

Richmond

State

VA

Zip Code

23226-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675818

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Brian Pacious

Mailing Address 32 Sumac Ln

City

Richmond

State

VA

Zip Code

23229-7924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675819

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alan Padgett

Mailing Address 318 Wickham Glen Dr

City

Richmond

State

VA

Zip Code

23238-6160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675820

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Susan Prizzia

Mailing Address 4721 Trail Wynd Ct

City

Glen Allen

State

VA

Zip Code

23059-2532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675821

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alex Sleeker

Mailing Address 1905 Grove Ave

City

Richmond

State

VA

Zip Code

23220-4507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675822

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lori Smithson

Mailing Address 3331 Lady Marian Ct

City

Midlothian

State

VA

Zip Code

23113-1180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Transaction ID: 39675823

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard Szucs

Mailing Address 3526 Crossings Way

City

Midlothian

State

VA

Zip Code

23113-6348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Transaction ID: 39675824

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark Vaughn

Mailing Address 328 Wickham Glen Dr

City

Richmond

State

VA

Zip Code

23238-6160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Transaction ID: 39675825

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gregg Weinberg

Mailing Address 3600 Salles Ridge Ct

City

Midlothian

State

VA

Zip Code

23113-2037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675826

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Janette Worthington

Mailing Address 4200 Sulgrave Rd

City

Richmond

State

VA

Zip Code

23221-3255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675827

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William Campbell, JR

Mailing Address Bay Radiology Associates, PA  
527 N Palo Alto Ave

City

Panama City

State

FL

Zip Code

32401-3639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675828

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Carl Bailey, JR

Mailing Address 710 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Transaction ID: 39675829

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lloyd Logue

Mailing Address 2233 W 33rd St

City

Panama City

State

FL

Zip Code

32405-1915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Radiology Associates,  
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Transaction ID: 39675830

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Presser

Mailing Address 706 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Radiology Associates,  
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Transaction ID: 39675831

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

900.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Scott Ramey

Mailing Address Bay Radiology Assoc PA  
PO Box 1770

City State Zip Code  
Panama City FL 32402-1770

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bay Radiology Associates,  
P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675832

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Strohmer

Mailing Address 2818 Canal Dr

City State Zip Code  
Panama City FL 32405-1610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bay Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675833

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Emily Billingsley

Mailing Address 449 Sudduth Ave

City State Zip Code  
Panama City FL 32401-3958

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bay Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675834

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jason Browning

Mailing Address 1016 Sunset Ln

City

Lynn Haven

State

FL

Zip Code

32444-3455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675835

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Wendy Kriegel

Mailing Address 528 S Bonita Ave

City

Panama City

State

FL

Zip Code

32401-3979

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675836

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs Grover, Christie & Merritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675837

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

640.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Ahmed

Mailing Address 105 Royal Highlands Ln

City

Dothan

State

AL

Zip Code

36305-9345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Dothan, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675838

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Julia Alexander

Mailing Address 211 Asphodel Dr

City

Dothan

State

AL

Zip Code

36303-2984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Dothan, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675839

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William Beckett, JR

Mailing Address 310 Orchard Cir

City

Dothan

State

AL

Zip Code

36305-5823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675840

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. J Scott Bolton

Mailing Address 105 Marigold Ln

City

Dothan

State

AL

Zip Code

36305-5843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Dothan, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675841

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Brink

Mailing Address 106 Nottoway Blvd

City

Dothan

State

AL

Zip Code

36303-2978

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675842

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Downing

Mailing Address Radiology Associates of Dothan  
1900 Fairview Ave

City

Dothan

State

AL

Zip Code

36301-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675843

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Stephen Fernandez

Mailing Address 200 Creekridge Rd

City

Dothan

State

AL

Zip Code

36301-6044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675844

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Charles Holloway

Mailing Address 4855 County Road 49

City

Headland

State

AL

Zip Code

36345-8483

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675845

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Eric Lund

Mailing Address 211 Asphodel Dr

City

Dothan

State

AL

Zip Code

36303-2984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675846

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ricardo Syklawer

Mailing Address 101 Royal Highlands Ln

City

Dothan

State

AL

Zip Code

36305-9345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675847

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Brett Storm

Mailing Address 1900 Fairview Ave

City

Dothan

State

AL

Zip Code

36301-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675848

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Sibley Turner

Mailing Address 1900 Fairview Ave

City

Dothan

State

AL

Zip Code

36301-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Dothan, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675849

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. George Veale

Mailing Address 1900 Fairview Ave

City

Dothan

State

AL

Zip Code

36301-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Dothan, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675850

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Miguel Echevarria

Mailing Address Ext Quintas monserrat  
Fco Oller St #31

City

Ponce

State

PR

Zip Code

00730-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675853

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Isaac Ray Kirk, III

Mailing Address 3756 Westerman St

City

Houston

State

TX

Zip Code

77005-1168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Houston Radiology  
Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675855

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ricardo De Jesus

Mailing Address 286 Rey Gustavo S  
Urb La Villa de Torrimar

City State Zip Code  
Guaynabo PR 00969-3262

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Christiana Care Health Se-  
rvices

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675856

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Shawn Teague

Mailing Address 11844 Tarver Ct

City State Zip Code  
Fishers IN 46037-8277

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Indiana Univ School of Me-  
dicine

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675857

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Bobby Thomas

Mailing Address 1961 Crystal Hills Dr

City State Zip Code  
Athens GA 30606-5389

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Athens Radiology Associat-  
es, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675859

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael George

Mailing Address 1620 John St S

City

Salem

State

OR

Zip Code

97302-5110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Salem Radiology Consultan-  
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675861

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Rickards

Mailing Address 1266 NW Countryside Ct

City

McMinnville

State

OR

Zip Code

97128-9528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McMinnville Imaging Assoc-  
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675863

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Conlin

Mailing Address 6590 Andersonville Rd

City

Clarkston

State

MI

Zip Code

48346-2794

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DRA of Flint, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675871

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kevin O'Brien

Mailing Address 26 Christine Dr

City

Grosse Pointe Farm

State

MI

Zip Code

48236-3723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diagnostic Radiology Cons-  
ultants, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675874

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

Dr. Terry Martin

Mailing Address Rad Assoc of Birmingham PC  
2090 Columbiana Rd Ste 4400

City

Vestavia

State

AL

Zip Code

35216-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rad Assoc of Birmingham  
PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675876

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City

Dallas

State

TX

Zip Code

75254-8613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Imaging & Inter-  
ven specialis

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

853.36

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675883

Amount of Each Receipt this Period

208.34

**SUBTOTAL** of Receipts This Page (optional) .....

391.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Demetrius Morros

Mailing Address 7418 Ridgecrest Court Rd

City

Vestavia Hls

State

AL

Zip Code

35242-0525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Birmingham Radiological  
Group P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675885

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

Dr. Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City

Williamsville

State

NY

Zip Code

14221-1984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675891

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Raymond A. Armstrong

Mailing Address 2605 Hickory Flats Trl SE

City

Huntsville

State

AL

Zip Code

35801-1432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Medical Ctr-Montc-  
lair

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675892

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

233.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul Lampert

Mailing Address 11595 E 26th St

City

Yuma

State

AZ

Zip Code

85367-2203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MDIG

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675893

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kevin Smith

Mailing Address 3232 Old Stone Way

City

Sauk Rapids

State

MN

Zip Code

56379-4582

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regional Diagnostic Radio-  
logy

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675899

Amount of Each Receipt this Period

208.34

**C.**

Full Name (Last, First, Middle Initial)

Dr. Edward Green

Mailing Address PO Box 321270

City

Jackson

State

MS

Zip Code

39232-1270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Mississippi

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 39675900

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1333.34

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Poage

Mailing Address 1349 S 101st St Apt 306

City

Omaha

State

NE

Zip Code

68124-6006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Nebraska Me-  
dical College

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Transaction ID: 39675901

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Dacia Napier

Mailing Address 701 Castano Ave

City

San Antonio

State

TX

Zip Code

78209-3618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Transaction ID: 39675902

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Coralnick

Mailing Address 4 Seneca Ct

City

Douglassville

State

PA

Zip Code

19518-9576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Reading Radiology As-  
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	1

Transaction ID: 39690426

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Josie Alpers

Mailing Address 6609 E Split Rock Cir

City

Sioux Falls

State

SD

Zip Code

57110-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical X-Ray Center, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1327.86

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39690427

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Elaine Lewis

Mailing Address 2754 Welsh Rd

City

Mohnton

State

PA

Zip Code

19540-8853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Reading Radiology As-  
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39690428

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Cathleen Woomert

Mailing Address 81 Maple Ridge Rd

City

Millville

State

PA

Zip Code

17846-8933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Geisinger Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39690431

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Loflin

Mailing Address 7408 Ashland Ln

City

Birmingham

State

AL

Zip Code

35242-2568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Birmingham Radiological  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39690432

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Brent Wagner

Mailing Address 415 Woolton Rd

City

Wernersville

State

PA

Zip Code

19565-9658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Reading Radiology As-  
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39690433

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Romeo

Mailing Address 1168 Reading Blvd

City

Wyomissing

State

PA

Zip Code

19610-2274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Reading Radiology As-  
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39690434

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lonnie Simmons

Mailing Address 5222 Brackenwood Ct

City

La Crosse

State

WI

Zip Code

54601-2972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gundersen Lutheran Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39690435

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stephen I. Abedon

Mailing Address 64 Elmgrove Ave

City

Providence

State

RI

Zip Code

02906-4135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696535

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Diana Baker

Mailing Address 335 Ambar Way

City

Menlo Park

State

CA

Zip Code

94025-5801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696536

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

533.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Edward Baker

Mailing Address California Pacific Med Ctr  
PO Box 7999

City State Zip Code  
San Francisco CA 94120-7999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng Medical As

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696537

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lisa O. Ballehr

Mailing Address 8912 E Pinnacle Park Rd Apt 225

City State Zip Code  
Scottsdale AZ 85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western Pennsylvania Hosp-  
ital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696538

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kelly Broderick

Mailing Address 7 Woodridge Ct

City State Zip Code  
Redwood City CA 94061-1830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng, M.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696566

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Derek Burdeny

Mailing Address 1509 S 182nd Cir

City

Omaha

State

NE

Zip Code

68130-2720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Medical Imaging  
Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	1	1

Transaction ID: 39696568

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Vincent Burke

Mailing Address Sequoia Hospital  
170 Alameda de las Pulgas

City

Redwood City

State

CA

Zip Code

94062-2799

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	1	1

Transaction ID: 39696569

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Vida Campbell

Mailing Address 2539 Vallejo St

City

San Francisco

State

CA

Zip Code

94123-4640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	1	1

Transaction ID: 39696570

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional) .....

675.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jana Crain

Mailing Address 863 Corriente Point Dr

City

Redwood City

State

CA

Zip Code

94065-1284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of AR Medical Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696572

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. W James DeMartini

Mailing Address 126 Terrace Ave

City

Kentfield

State

CA

Zip Code

94904-1531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696806

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Susan Denny

Mailing Address 402 Median Way

City

Mill Valley

State

CA

Zip Code

94941-3561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696807

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Farquhar

Mailing Address 2065 Greenwood Ave

City

San Carlos

State

CA

Zip Code

94070-4685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	1

Transaction ID: 39696808

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Russell Fritz

Mailing Address 487 Green Glen Way

City

Mill Valley

State

CA

Zip Code

94941-4018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	1

Transaction ID: 39696809

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Betsy A. Holland

Mailing Address 84 Platt Ave

City

Sausalito

State

CA

Zip Code

94965-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	1

Transaction ID: 39696837

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional) .....

675.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael Hollett

Mailing Address 817 Lathrop Dr

City

Stanford

State

CA

Zip Code

94305-1054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696838

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Brian Johnson

Mailing Address 850 Chiltern Rd

City

Hillsborough

State

CA

Zip Code

94010-7028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696839

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jay Kaiser

Mailing Address 24 Forrest Ct

City

San Anselmo

State

CA

Zip Code

94960-1179

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696840

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ralph Koenker

Mailing Address 14 Meadow Ridge

City

Corte Madera

State

CA

Zip Code

94925-2074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	1

Transaction ID: 39696841

Amount of Each Receipt this Period

375.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Arthur Li

Mailing Address 4152 Willmar Dr

City

Palo Alto

State

CA

Zip Code

94306-3835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Johns Hopkins Hosp-Johns  
Hopkins

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	1

Transaction ID: 39696842

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Lim

Mailing Address 1552 Los Montes Dr

City

Burlingame

State

CA

Zip Code

94010-5964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	1

Transaction ID: 39696843

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional) .....

825.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jay Mall

Mailing Address 233 Franklin St Apt 506

City

San Francisco

State

CA

Zip Code

94102-5113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696844

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Marcus

Mailing Address 503 Georgetown Ave

City

San Mateo

State

CA

Zip Code

94402-2253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696845

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Myron Marx

Mailing Address PO Box 640688

City

San Francisco

State

CA

Zip Code

94164-0688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Pacific Med Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696846

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kathleen McKenna

Mailing Address 154 Gramercy Dr

City

San Mateo

State

CA

Zip Code

94402-1215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696847

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Catherine Mills

Mailing Address 465 Ridge Rd

City

Tiburon

State

CA

Zip Code

94920-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696848

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kirk Moon, JR

Mailing Address 1642 16th Ave

City

San Francisco

State

CA

Zip Code

94122-3527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696849

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Adam Nevitt

Mailing Address 248 Granada Dr

City

Corte Madera

State

CA

Zip Code

94925-2010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696850

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Dennis Orwig

Mailing Address 25 Wolfe Glen Way

City

Kentfield

State

CA

Zip Code

94904-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696851

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Allen Oshita

Mailing Address California Pacific Medical Ctr  
PO Box 7999

City

San Francisco

State

CA

Zip Code

94120-7999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696853

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jean-Pierre Phanco

Mailing Address 681 Arguello Blvd Apt 5

City

San Francisco

State

CA

Zip Code

94118-4037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696854

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Damon Sacco

Mailing Address PO Box 895

City

Sausalito

State

CA

Zip Code

94966-0895

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696855

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John Schrupf

Mailing Address 61 Chanticleer St

City

Larkspur

State

CA

Zip Code

94939-1515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696856

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Eric Smith

Mailing Address 678 6th Ave

City

San Francisco

State

CA

Zip Code

94118-3805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	1

Transaction ID: 39696857

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William Stephenson

Mailing Address 815 Vista Rd

City

Hillsborough

State

CA

Zip Code

94010-6965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	1

Transaction ID: 39696881

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Susan Stevens

Mailing Address 1040 Bridle Way

City

Hillsborough

State

CA

Zip Code

94010-7406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cal Advanced Imaging Med.  
Assoc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	1

Transaction ID: 39696882

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional) .....

675.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Wheat

Mailing Address Sequoia Hospital

170 Alameda De Las Pulgas

City

Redwood City

State

CA

Zip Code

94062-2751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696883

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Wilson, JR

Mailing Address 15 Arcadia Pl

City

Hillsborough

State

CA

Zip Code

94010-7010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696884

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Yoo

Mailing Address 180 Manchester St

City

San Francisco

State

CA

Zip Code

94110-5217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imagi-  
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39696886

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Shalini Agarwal

Mailing Address 3518 E Nacona Ln

City

Phoenix

State

AZ

Zip Code

85050-5498

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	1	1

Transaction ID: 39697076

Amount of Each Receipt this Period

100.02

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ayad Agha

Mailing Address 11209 North Tatum Blvd.  
Suite 140

City

Phoenix

State

AZ

Zip Code

85028-3024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	1	1

Transaction ID: 39697078

Amount of Each Receipt this Period

100.02

**C.**

Full Name (Last, First, Middle Initial)

Dr. Arthur Clark

Mailing Address 6323 E Gold Dust Ave

City

Scottsdale

State

AZ

Zip Code

85253-1239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	1	1

Transaction ID: 39697079

Amount of Each Receipt this Period

100.02

SUBTOTAL of Receipts This Page (optional) .....

300.06

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Roger Coltvet

Mailing Address 5507 E Royal Palm Rd

City

Paradise Valley

State

AZ

Zip Code

85253-2536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697080

Amount of Each Receipt this Period

100.02

**B.**

Full Name (Last, First, Middle Initial)

Dr. Claude Frey

Mailing Address 8213 E Del Cristal Dr

City

Scottsdale

State

AZ

Zip Code

85258-2305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697081

Amount of Each Receipt this Period

100.02

**C.**

Full Name (Last, First, Middle Initial)

Dr. Dina Gabaeff

Mailing Address 5219 E. Cortez Dr.

City

Scottsdale

State

AZ

Zip Code

85254-4729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697126

Amount of Each Receipt this Period

100.02

**SUBTOTAL** of Receipts This Page (optional) .....

300.06

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Melissa Gurley

Mailing Address 3730 E Mission Ln

City

Phoenix

State

AZ

Zip Code

85028-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	1

Transaction ID: 39697127

Amount of Each Receipt this Period

100.02

**B.**

Full Name (Last, First, Middle Initial)

Dr. Delon N. Hebron

Mailing Address 18028 W Narramore Rd

City

Goodyear

State

AZ

Zip Code

85338-5053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	1

Transaction ID: 39697128

Amount of Each Receipt this Period

100.02

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth Hofstetter

Mailing Address 4338 E Keim Dr

City

Scottsdale

State

AZ

Zip Code

85253-3913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	1

Transaction ID: 39697129

Amount of Each Receipt this Period

100.02

SUBTOTAL of Receipts This Page (optional) .....

300.06

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark Kline

Mailing Address 11964 N 135th Way

City

Scottsdale

State

AZ

Zip Code

85259-3655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697130

Amount of Each Receipt this Period

100.02

**B.**

Full Name (Last, First, Middle Initial)

Dr. Philippe Lanauze

Mailing Address 9484 E Calle De Las Brisas

City

Scottsdale

State

AZ

Zip Code

85255-4339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697131

Amount of Each Receipt this Period

100.02

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Lewis

Mailing Address 4416 E Mockingbird Ln

City

Paradise Valley

State

AZ

Zip Code

85253-2400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697132

Amount of Each Receipt this Period

100.02

**SUBTOTAL** of Receipts This Page (optional) .....

300.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Arthur Radow

Mailing Address 7111 N Desert Fairways Dr

City

Paradise Valley

State

AZ

Zip Code

85253-3338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697133

Amount of Each Receipt this Period

100.02

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Rosellini

Mailing Address 15656 N 111th PI

City

Scottsdale

State

AZ

Zip Code

85255-8874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Arizona

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697134

Amount of Each Receipt this Period

100.02

**C.**

Full Name (Last, First, Middle Initial)

Dr. J Paul Rubin

Mailing Address 11209 N. Tatum Blvd.  
Suite B110

City

Phoenix

State

AZ

Zip Code

85028-3000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697135

Amount of Each Receipt this Period

100.02

**SUBTOTAL** of Receipts This Page (optional) .....

300.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Todd Steinberg

Mailing Address 12428 N 136th PL

City

Scottsdale

State

AZ

Zip Code

85259-2310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697138

Amount of Each Receipt this Period

100.02

**B.**

Full Name (Last, First, Middle Initial)

Dr. Eric Vens

Mailing Address 4112 E Lonesome Trl

City

Cave Creek

State

AZ

Zip Code

85331-4546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697139

Amount of Each Receipt this Period

100.02

**C.**

Full Name (Last, First, Middle Initial)

Dr. Traci Yanke

Mailing Address 11965 E Calle De Valle

City

Scottsdale

State

AZ

Zip Code

85255-6905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697140

Amount of Each Receipt this Period

100.02

**SUBTOTAL** of Receipts This Page (optional) .....

300.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Baden

Mailing Address 9601 Lile Dr Ste 1100

City

Little Rock

State

AR

Zip Code

72205-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697141

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Amanda Ferrell

Mailing Address 1606 Blair St

City

Little Rock

State

AR

Zip Code

72207-5302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697142

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Scott Harter

Mailing Address 55 Maisons Dr

City

Little Rock

State

AR

Zip Code

72223-9020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697153

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Hays

Mailing Address 18 Farnham Loop

City

Little Rock

State

AR

Zip Code

72223-9199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697154

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael King

Mailing Address 9601 Lile Dr.  
Suite 1100

City

Little Rock

State

AR

Zip Code

72205-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697155

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Kolb

Mailing Address 25 Talais Dr

City

Little Rock

State

AR

Zip Code

72223-9129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697204

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ronald J. Martin

Mailing Address 110 Buckland Pl

City

Little Rock

State

AR

Zip Code

72223-4567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697205

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Murphy

Mailing Address 48 Hickory Hills Cir

City

Little Rock

State

AR

Zip Code

72212-2766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697206

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Steven Nokes

Mailing Address 2 Carmel Ln

City

Little Rock

State

AR

Zip Code

72212-4400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697208

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. W Dale Perrymore

Mailing Address 6 Courts Dr

City

Little Rock

State

AR

Zip Code

72223-9021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697209

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth Robbins

Mailing Address 4 Saverne Cir

City

Little Rock

State

AR

Zip Code

72223-9225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock+

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697220

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas St Amour

Mailing Address 14116 Belle Pointe Dr

City

Little Rock

State

AR

Zip Code

72212-3697

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697222

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Todd Smith

Mailing Address 18 Masters Cir

City

Little Rock

State

AR

Zip Code

72212-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697223

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Stuckey

Mailing Address 216 Buckland Cir

City

Little Rock

State

AR

Zip Code

72223-4534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697224

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alan Williams

Mailing Address 55 Robinwood Dr

City

Little Rock

State

AR

Zip Code

72227-2238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697225

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Sandra Arroyo-Ferrer

Mailing Address 8 Villa Del Capitan

City

Mayaguez

State

PR

Zip Code

00682-1338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697261

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ronald Townsend

Mailing Address 5450 S Autumn Ct

City

Greenwood Village

State

CO

Zip Code

80111-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of CO Health Sci Cen-  
ter

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697263

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alfred Shaplin

Mailing Address 910 Kimswick Manor Ln

City

Ballwin

State

MO

Zip Code

63011-5115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scott Radiological Group,  
Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697264

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Cynthia Sherry

Mailing Address 6615 Glendora Ave

City

Dallas

State

TX

Zip Code

75230-5219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
North Texas

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697983

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Ullissey

Mailing Address 2726 Lawtherwood Ct

City

Dallas

State

TX

Zip Code

75214-3807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Women's Diagnostic Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697984

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Paul Sherman

Mailing Address 8060 Colonial Woods

City

Boerne

State

TX

Zip Code

78015-4992

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SA Uniformed Svcs Hlth Ed-  
uc Cons

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: 39697985

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Barton

Mailing Address 5046 Highway 29 S

City

Colbert

State

GA

Zip Code

30628-1932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39827829

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Steven Bramlet

Mailing Address 1950 Gober Rd

City

Bishop

State

GA

Zip Code

30621-6301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39827830

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Cherry

Mailing Address 1251 Settlers Ridge Rd

City

Athens

State

GA

Zip Code

30606-7653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39827831

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Measel

Mailing Address 1211 Founders Lake Dr

City

Athens

State

GA

Zip Code

30606-7645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39827832

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jerry O. Smith

Mailing Address 190 Xavier Dr

City

Athens

State

GA

Zip Code

30606-3870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39827833

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Philip Van Dyck

Mailing Address 154 Sedgefield Dr

City

Athens

State

GA

Zip Code

30606-1376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39827834

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ronald Walpert

Mailing Address 1437 Carey Way

City

Athens

State

GA

Zip Code

30606-8603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39827835

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ellen Abeln

Mailing Address 9 Blue Jay Ln

City

Saint Paul

State

MN

Zip Code

55127-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830512

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Asinger

Mailing Address 11330 Parkside Trl

City

Maple Grove

State

MN

Zip Code

55369-9422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830513

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Steven Begich

Mailing Address Suburban Radiologic Consultants  
4801 W 81st St Ste 108City State Zip Code  
Minneapolis MN 55437-1111FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Suburban Rad ConsultantsOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: 39830514

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Aaron Binstock

Mailing Address 17233 74th PI N

City State Zip Code  
Maple Grove MN 55311-2733FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: 39830515

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Bradley Close

Mailing Address 1214 Wildhurst Trail

City State Zip Code  
Mound MN 55364-9643FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: 39830516

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Sue Crook

Mailing Address Suburban Radiologic Consultants  
4801 W 81st St Ste 108

City State Zip Code  
Minneapolis MN 55437-1111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830549

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Eurman

Mailing Address 7612 Zanzibar Ln N

City State Zip Code  
Maple Grove MN 55311-3709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Suburban Radiologic Consu-  
ltants

Occupation  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830550

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Frerichs

Mailing Address 685 Shadyview Ln N

City State Zip Code  
Minneapolis MN 55447-3675

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830551

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joel Halcomb

Mailing Address 2583 Tournament Players Cir S

City

Blaine

State

MN

Zip Code

55449-5500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830552

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Hatfield

Mailing Address 875 Partenwood Ln

City

Orono

State

MN

Zip Code

55356-9778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830553

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Heaney

Mailing Address 11362 Parkside Trl

City

Maple Grove

State

MN

Zip Code

55369-9422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830576

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lanning Houston

Mailing Address 18 N Deep Lake Rd

City

Saint Paul

State

MN

Zip Code

55127-6506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830577

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Paul Hunt

Mailing Address 7005 Oak Ridge Rd

City

Corcoran

State

MN

Zip Code

55340-9388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830578

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Jose

Mailing Address 14 Larkspur Ln

City

North Oaks

State

MN

Zip Code

55127-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830579

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Juenemann

Mailing Address 10976 Mississppi Dr

City

Champlin

State

MN

Zip Code

55316-3504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830580

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gary Kosel

Mailing Address 15 Meadowlark Ln

City

Saint Paul

State

MN

Zip Code

55127-2080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830606

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Suzanne Moffit

Mailing Address 10906 Tanglewood Ln N

City

Champlin

State

MN

Zip Code

55316-3056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830607

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Scott Nielsen

Mailing Address 2751 104th Ct NE

City

Blaine

State

MN

Zip Code

55449-5055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830608

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Olsen

Mailing Address 4720 Medina Lake Dr

City

Medina

State

MN

Zip Code

55340-4609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830609

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Phelan

Mailing Address 3944 Joppa Ave S

City

Saint Louis Park

State

MN

Zip Code

55416-5064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830610

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Matthew Schaar

Mailing Address 2841 Aspen Lake Dr NE

City

Blaine

State

MN

Zip Code

55449-3100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830845

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Nihar Shah

Mailing Address 2460 Thoroughbred Ln

City

Orono

State

MN

Zip Code

55356-9460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830846

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Shannon Sheedy

Mailing Address 19755 Waterford PI

City

Excelsior

State

MN

Zip Code

55331-7014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830847

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Brian Sullivan

Mailing Address 2250 Veterans Memorial Blvd NW

City

Andover

State

MN

Zip Code

55304-6067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830848

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark Wilson

Mailing Address 2715 Countryside Dr W

City

Orono

State

MN

Zip Code

55356-9675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39830849

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jonathan Wood

Mailing Address 1279 Bucher Ave

City

Shoreview

State

MN

Zip Code

55126-8605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831078

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Eric Bressler

Mailing Address 2465 Crowne Hill Road

City

Minnetonka

State

MN

Zip Code

55305-2258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831079

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard Carlson

Mailing Address 7020 Kerry Rd

City

Edina

State

MN

Zip Code

55439-1746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831080

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Peter Conklin

Mailing Address 11309 Landing Rd

City

Eden Prairie

State

MN

Zip Code

55347-4953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831081

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 128 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mary Foshager

Mailing Address 4248 Queen Ave S

City

Minneapolis

State

MN

Zip Code

55410-1614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831082

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kevin Gustafson

Mailing Address 10594 Estate Dr

City

Eden Prairie

State

MN

Zip Code

55347-4862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consl-  
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831145

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Todd Kihne

Mailing Address 11683 Welters Way

City

Eden Prairie

State

MN

Zip Code

55347-2836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831146

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth Korte

Mailing Address 12613 Riverview Rd

City

Eden Prairie

State

MN

Zip Code

55347-4610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831147

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bradley Kranendonk

Mailing Address 5170 Kelsey Ter

City

Edina

State

MN

Zip Code

55436-1173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831148

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alan Laorr

Mailing Address 15547 Sweetwater Cir

City

Eden Prairie

State

MN

Zip Code

55347-2430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831149

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lorraine LaRoy

Mailing Address 2701 Crescent Ridge Rd

City

Minnetonka

State

MN

Zip Code

55305-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831172

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kevin Leach

Mailing Address 6 High Point Rd

City

Dellwood

State

MN

Zip Code

55110-6176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831173

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Steven Link

Mailing Address 10303 Bucks Way

City

Eden Prairie

State

MN

Zip Code

55347-5018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831174

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Loes

Mailing Address 7935 Rhode Island Cir S

City

Bloomington

State

MN

Zip Code

55438-1194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831175

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Meghan McKeon

Mailing Address 7005 Oak Ridge Rd

City

Corcoran

State

MN

Zip Code

55340-9388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831176

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kent Molde

Mailing Address 6961 Beach Rd

City

Eden Prairie

State

MN

Zip Code

55344-5227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831425

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Chris Palaskas

Mailing Address 2389 Cherrywood Rd

City

Minnetonka

State

MN

Zip Code

55305-2314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831426

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Fareed Siddiqui

Mailing Address 1920 S 1st St Apt 1202

City

Minneapolis

State

MN

Zip Code

55454-1199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831427

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. H Spaeth, JR

Mailing Address 6881 Beach Rd

City

Eden Prairie

State

MN

Zip Code

55344-5228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831428

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kendall Strand

Mailing Address 8581 Tigua Ln

City

Chanhausen

State

MN

Zip Code

55317-9615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831429

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard Thompson

Mailing Address 7001 Tupa Dr

City

Edina

State

MN

Zip Code

55439-1643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831446

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Curt Behrns

Mailing Address 17668 63rd PI N

City

Osseo

State

MN

Zip Code

55311-4648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831447

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Thompson

Mailing Address 9614 107th Ave N

City

Maple Grove

State

MN

Zip Code

55369-2717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: 39831448

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark Bechtel

Mailing Address Suburban Radiologic Consultants  
4801 W 81st St Ste 108

City

Minneapolis

State

MN

Zip Code

55437-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Wisconsin Hosp &  
Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: 39831449

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Brace

Mailing Address 3917 Shady Oak Rd

City

Minnetonka

State

MN

Zip Code

55305-5105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Minnesota School  
of Medi

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: 39831450

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Colford

Mailing Address 7470 Chanhassen Rd

City

Chanhassen

State

MN

Zip Code

55317-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: 39831452

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Brian DeCesare

Mailing Address 7433 W Shore Dr

City

Edina

State

MN

Zip Code

55435-4064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiology Associ-  
ates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: 39831453

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Lee

Mailing Address 3547 Humboldt Ave S

City

Minneapolis

State

MN

Zip Code

55408-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consu-  
ltants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: 39831454

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Steven Thiel

Mailing Address 909 W Washington Blvd Apt 402

City

Chicago

State

IL

Zip Code

60607-2232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831455

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Wittmer

Mailing Address 5431 51st St NW

City

Rochester

State

MN

Zip Code

55901-8352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Con-  
sultants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831456

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Rita S. Patel

Mailing Address 3 Ware Rd

City

Upper Saddle River

State

NJ

Zip Code

07458-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831457

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

830.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mitchell Miller

Mailing Address 2 Constitution Ct Apt 1009

City

Hoboken

State

NJ

Zip Code

07030-6730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831458

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Sean D. Pierce

Mailing Address 509 48th Ave Apt 2A

City

Long Island City

State

NY

Zip Code

11101-5604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831459

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. George Joseph Ferrone

Mailing Address 440 E 62nd St Apt 18F

City

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831460

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City

State

Zip Code

Closter

NJ

07624-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831461

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Adam Bogomol

Mailing Address 200 W 72nd St Apt 11k

City

State

Zip Code

New York

NY

10023-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831462

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Harry Agress, JR

Mailing Address 250 E 87th St Apt 23B

City

State

Zip Code

New York

NY

10128-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831463

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City

New York

State

NY

Zip Code

10023-7451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	1

Transaction ID: 39831464

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kavita Patel

Mailing Address 35 Annfield Ct

City

Staten Island

State

NY

Zip Code

10304-1301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	1

Transaction ID: 39831465

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City

Wyckoff

State

NJ

Zip Code

07481-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	1

Transaction ID: 39831466

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

90.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City

New York

State

NY

Zip Code

10028-7357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831467

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

07481-1072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831468

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City

New York

State

NY

Zip Code

10075-0515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831469

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. John DeMeritt

Mailing Address 18 Baldwin Rd

City

Saddle River

State

NJ

Zip Code

07458-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: 39831470

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Booker, JR

Mailing Address PO Box 308

City

Hickory

State

NC

Zip Code

28603-0308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: 39831481

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Steven Harlan

Mailing Address 18 13th Ave., N.E.  
Box 308

City

Hickory

State

NC

Zip Code

28601-3748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: 39831482

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional) .....

330.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Nicholas Frankel

Mailing Address PO Box 9470

City

Hickory

State

NC

Zip Code

28603-9470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831483

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Bools

Mailing Address 3157 Laurel Ridge Rd NW

City

Hickory

State

NC

Zip Code

28601-9049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831484

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Charles Scheil

Mailing Address 281 44th Avenue Cir NW

City

Hickory

State

NC

Zip Code

28601-9016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831485

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alan Massengill

Mailing Address Catawba Radiological Assoc  
PO Box 308

City State Zip Code  
Hickory NC 28603-0308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Catawba Radiological Asso-  
ciates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831486

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Jacobs

Mailing Address 3818 11th Street PI NE

City State Zip Code  
Hickory NC 28601-8420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Catawba Radiological Asso-  
ciates, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831487

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Seshul, SR

Mailing Address 3019 Bankhead Dr

City State Zip Code  
Fayetteville NC 28306-2683

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Catawba Radiological Asso-  
ciates, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831488

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Eric Rautiola

Mailing Address 821 8th St NW

City

Hickory

State

NC

Zip Code

28601-3541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831489

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Keith Harper

Mailing Address 602 46th Ave Dr NE

City

Hickory

State

NC

Zip Code

28601-7318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831490

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard Curtis

Mailing Address 147 Winwood Cir

City

Granite Falls

State

NC

Zip Code

28630-9558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
c.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831491

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Knox Tate

Mailing Address 809 8th Ave NW

City

Hickory

State

NC

Zip Code

28601-3548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831501

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Philip Saba

Mailing Address 1017 Heyden Ct

City

Raleigh

State

NC

Zip Code

27614-7250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831525

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Norman Thomson, III

Mailing Address 7 Blue Crab Pt

City

Savannah

State

GA

Zip Code

31406-3291

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Assoc of Savann-  
ah

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831606

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Timothy Swan

Mailing Address 200 N Schmidt Ave

City

Marshfield

State

WI

Zip Code

54449-1735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marshfield Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831607

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Vickie Massey

Mailing Address 805 W 51st St

City

Kansas City

State

MO

Zip Code

64112-2372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas City Cancer Centers

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831608

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Edward Fallon, III

Mailing Address 9 Winding Brook Dr

City

Sinking Spring

State

PA

Zip Code

19608-9615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Reading Radiology As-  
soc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831609

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Carl Kalbhen

Mailing Address 5728 Butler Ln

City

Long Grove

State

IL

Zip Code

60047-5041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Radiology Assoc-  
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831610

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark Bernardy

Mailing Address 1031 Jimson Dr SE

City

Conyers

State

GA

Zip Code

30013-2064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831611

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John DePersio

Mailing Address 657 Waverly Rd

City

La Porte

State

IN

Zip Code

46350-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
La Porte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831612

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Phillip Moeser

Mailing Address 9101 N 60th St

City

Paradise Valley

State

AZ

Zip Code

85253-1717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John C. Lincoln Health Ne-  
twork

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: 39831613

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Smari Thordarson

Mailing Address 325 N Timber Ridge Rd

City

La Porte

State

IN

Zip Code

46350-7956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Laporte Radiology Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 1 1

Transaction ID: 39837375

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. George Pjura, JR

Mailing Address 3703 Stonebridge Drive

City

Cape Girardeau

State

MO

Zip Code

63701-9504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cape Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 1 1

Transaction ID: 39837381

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lynn Broderick

Mailing Address 7710 Welton Dr

City

Madison

State

WI

Zip Code

53719-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Wisconsin  
Medical Founda

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	1

Transaction ID: 39837399

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. E Michael Donner, III

Mailing Address 499 Beau Chene Dr

City

Mandeville

State

LA

Zip Code

70471-1765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northshore Imaging Assoc,  
LLC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	1

Transaction ID: 39838258

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City

Monroe

State

NC

Zip Code

28110-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: 39841057

Amount of Each Receipt this Period

165.00

SUBTOTAL of Receipts This Page (optional) .....

2165.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Campbell

Mailing Address 1416 Watersedge Dr

City

Virginia Beach

State

VA

Zip Code

23452-6222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841080

Amount of Each Receipt this Period

249.99

**B.**

Full Name (Last, First, Middle Initial)

Dr. Theodore Dorsay

Mailing Address 1500 Chandon Cres

City

Virginia Beach

State

VA

Zip Code

23454-1367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841081

Amount of Each Receipt this Period

240.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Lauren Granata

Mailing Address 1317 Five Point Rd

City

Virginia Beach

State

VA

Zip Code

23454-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841143

Amount of Each Receipt this Period

250.50

**SUBTOTAL** of Receipts This Page (optional) .....

740.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael Ho

Mailing Address 1314 Hiawatha Dr

City

Virginia Beach

State

VA

Zip Code

23464-6152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, I

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841144

Amount of Each Receipt this Period

249.99

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lester Johnson

Mailing Address 1021 Downshire Chase

City

Virginia Beach

State

VA

Zip Code

23452-6154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841145

Amount of Each Receipt this Period

249.99

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Kushner

Mailing Address 2020 Canal Rd

City

Virginia Beach

State

VA

Zip Code

23451-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841146

Amount of Each Receipt this Period

249.00

**SUBTOTAL** of Receipts This Page (optional) .....

748.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Karah Lanier

Mailing Address 1503 S sea Breeze Trl

City

Virginia Beach

State

VA

Zip Code

23452-4730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841147

Amount of Each Receipt this Period

255.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Phillip Luebbert

Mailing Address 9528 25th Bay St

City

Norfolk

State

VA

Zip Code

23518-1812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841149

Amount of Each Receipt this Period

249.99

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jennifer Weaver

Mailing Address 1029 Assembly Dr

City

Virginia Beach

State

VA

Zip Code

23454-2874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841151

Amount of Each Receipt this Period

249.00

**SUBTOTAL** of Receipts This Page (optional) .....

753.99

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. William Baber

Mailing Address 7 Cricklewood Pl

City

Saint Louis

State

MO

Zip Code

63131-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841152

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jamie Colonnello

Mailing Address 6343 Alexander Dr

City

Saint Louis

State

MO

Zip Code

63105-2222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841153

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Douglas Curry

Mailing Address 9815 Log Cabin Ct

City

Saint Louis

State

MO

Zip Code

63124-1133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841155

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gene Davis, JR

Mailing Address 25 Chesterfield Lakes Rd

City

Chesterfield

State

MO

Zip Code

63005-4513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841156

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Diemer

Mailing Address 2618 Wickerton Ct

City

Saint Louis

State

MO

Zip Code

63122-3351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841157

Amount of Each Receipt this Period

450.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John Engels

Mailing Address 40 Midpark Ln

City

Saint Louis

State

MO

Zip Code

63124-1557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841158

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Dale Fletcher

Mailing Address 239 Whiting Lane

City

Chesterfield

State

MO

Zip Code

63005-6919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841159

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Geoffrey Hamill

Mailing Address 425 W Jackson Rd

City

Saint Louis

State

MO

Zip Code

63119-3643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciate

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841162

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Sean Higginson

Mailing Address 6 Otto Crt

City

Saint Charles

State

MO

Zip Code

63303-1328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiology Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841163

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 156 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Walter Holloman

Mailing Address 65 Meadowbrook Country Club Est

City

Ballwin

State

MO

Zip Code

63011-1697

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841164

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Amy Mosher

Mailing Address 333 Townsend St.

City

Saint Louis

State

MO

Zip Code

63141-8332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841165

Amount of Each Receipt this Period

450.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John Niemeyer

Mailing Address 1652 Mason Knoll Rd

City

Saint Louis

State

MO

Zip Code

63131-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841166

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lisa Oakley

Mailing Address 476 Steeplechase Ln

City

Saint Louis

State

MO

Zip Code

63131-3419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841167

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Christine Osmon

Mailing Address 14689 Summer Blossom Ln

City

Chesterfield

State

MO

Zip Code

63017-5670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841168

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Linda Proctor

Mailing Address 537 Graeser Rd

City

Creve Coeur

State

MO

Zip Code

63141-7752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841169

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 158 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Scheible

Mailing Address 759 N Hanley Rd

City

Saint Louis

State

MO

Zip Code

63130-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841171

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Steven Solomon

Mailing Address 17609 Ailanthus Dr

City

Chesterfield

State

MO

Zip Code

63005-4284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841173

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Thornton

Mailing Address 308 Townsend St

City

Saint Louis

State

MO

Zip Code

63141-8334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841174

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 159 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Floyd Scales

Mailing Address 12580 Durbin Dr

City

Saint Louis

State

MO

Zip Code

63141-8814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiologists Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841178

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Howard Bear

Mailing Address 4931 Pearlman Way

City

San Diego

State

CA

Zip Code

92130-2789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
San Diego Imaging Medical  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841181

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Henry Wang

Mailing Address 12 Coach Side Ln

City

Pittsford

State

NY

Zip Code

14534-9413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Rochester Medical  
Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841565

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gordon Beute

Mailing Address 6411 Wardell Ct

City

West Bloomfield

State

MI

Zip Code

48324-2880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Henry Ford Health Care Sys-  
tems

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841566

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Neil Davey

Mailing Address 2121 Bluestem Ln

City

Boise

State

ID

Zip Code

83706-6117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gem State Radiology

Occupation

Diagnostic Radiology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841567

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michelle Kraut

Mailing Address 24 E Glenbrooke Cir

City

Richmond

State

VA

Zip Code

23229-8033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michelle Kraut, M.D., PLLC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841568

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Barr

Mailing Address 215 Wrenwood Ln

City

Charlotte

State

NC

Zip Code

28211-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mecklenburg Radiology Ass-  
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

853.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39841569

Amount of Each Receipt this Period

769.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark Russell

Mailing Address 102 Whispering Hills St

City

Hot Springs

State

AR

Zip Code

71901-7319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hot Springs Radiology Svc-  
s.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39842281

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Janak Raval

Mailing Address 2 Burrell Ln

City

Rancho Palos Verde

State

CA

Zip Code

90275-5074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Janak Raval, M.D., Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39842283

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2769.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Anna Chen

Mailing Address 70 Lanoche Ct

City

Williamsville

State

NY

Zip Code

14221-1977

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

312.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	1

Transaction ID: 39850000

Amount of Each Receipt this Period

62.52

**B.**

Full Name (Last, First, Middle Initial)

Dr. Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City

Williamsville

State

NY

Zip Code

14221-1984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

512.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	1

Transaction ID: 39850001

Amount of Each Receipt this Period

62.52

**C.**

Full Name (Last, First, Middle Initial)

Dr. X Cynthia Fan

Mailing Address 8232 Oakway Lane

City

Williamsville

State

NY

Zip Code

14221-2871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

312.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	1

Transaction ID: 39850002

Amount of Each Receipt this Period

62.52

SUBTOTAL of Receipts This Page (optional) .....

187.56

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Anthony Foti

Mailing Address 6545 Belle Way

City

East Amherst

State

NY

Zip Code

14051-2817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	1

Transaction ID: 39850003

Amount of Each Receipt this Period

62.52

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Hayes

Mailing Address 113 Knob Hill Rd

City

Orchard Park

State

NY

Zip Code

14127-3938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	1

Transaction ID: 39850004

Amount of Each Receipt this Period

62.52

**C.**

Full Name (Last, First, Middle Initial)

Dr. Markus K. Holzhauer

Mailing Address 5967 Corinne Ln

City

Clarence Center

State

NY

Zip Code

14032-9527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	1

Transaction ID: 39850005

Amount of Each Receipt this Period

62.52

SUBTOTAL of Receipts This Page (optional) .....

187.56

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

DR Patrick Lahr

Mailing Address 81 Corrina Ln

City

Salem

State

CT

Zip Code

06420-4113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.52

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: 39850006

Amount of Each Receipt this Period

62.52

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stuart Rubin

Mailing Address 8176 Driftwood Ct

City

Williamsville

State

NY

Zip Code

14221-8501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.52

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: 39850007

Amount of Each Receipt this Period

62.52

**C.**

Full Name (Last, First, Middle Initial)

Dr. Teresa Small

Mailing Address 10540 Stoneway

City

Clarence

State

NY

Zip Code

14031-2100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.52

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: 39850008

Amount of Each Receipt this Period

62.52

**SUBTOTAL** of Receipts This Page (optional) .....

187.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Eric Snitzer

Mailing Address 5013 Rockhaven Dr

City

Clarence

State

NY

Zip Code

14031-2436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.52

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: 39850009

Amount of Each Receipt this Period

62.52

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Summers

Mailing Address 13 Mourning Dove Ct

City

Orchard Park

State

NY

Zip Code

14127-3000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.52

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: 39850014

Amount of Each Receipt this Period

62.52

**C.**

Full Name (Last, First, Middle Initial)

Dr. Janet Sung

Mailing Address 9765 Rocky Pt

City

Clarence

State

NY

Zip Code

14031-1589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.52

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: 39850015

Amount of Each Receipt this Period

62.52

**SUBTOTAL** of Receipts This Page (optional) .....

187.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Wolf

Mailing Address 16 Whitecliff Dr

City

Pittsford

State

NY

Zip Code

14534-2928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.52

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: 39850016

Amount of Each Receipt this Period

62.52

**B.**

Full Name (Last, First, Middle Initial)

Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs Grover, Christie & Merritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: 39850017

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alfred Beyer, III

Mailing Address 5201 Trent Woods Dr

City

Trent Woods

State

NC

Zip Code

28562-7441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: 39850018

Amount of Each Receipt this Period

160.00

**SUBTOTAL** of Receipts This Page (optional) .....

262.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Samuel Buff

Mailing Address Coastal Radiology  
Box 12065

City State Zip Code  
New Bern NC 28561-2065

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coastal Radiology Associa-  
tes

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: 39850019

Amount of Each Receipt this Period

160.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Elizabeth D'Angelo

Mailing Address 108 Bur Ben Ln

City State Zip Code  
New Bern NC 28560-7520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coastal Radiology Associa-  
tes

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: 39850020

Amount of Each Receipt this Period

160.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Catherine Everett

Mailing Address 812 Madame Moore Ln

City State Zip Code  
New Bern NC 28562-6446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coastal Radiology Associa-  
tes

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: 39850021

Amount of Each Receipt this Period

160.00

**SUBTOTAL** of Receipts This Page (optional) .....

480.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Flye

Mailing Address 1000 Cambridge Ct

City

Trent Woods

State

NC

Zip Code

28562-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Radiology Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: 39850022

Amount of Each Receipt this Period

160.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Lorentzen

Mailing Address Coastal Radiology  
PO Box 12065

City

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Radiology Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: 39850023

Amount of Each Receipt this Period

160.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Stephen Sides

Mailing Address 112 Allen Dr

City

New Bern

State

NC

Zip Code

28562-7751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Radiology Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: 39850024

Amount of Each Receipt this Period

160.00

**SUBTOTAL** of Receipts This Page (optional) .....

480.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Timothy Sloan

Mailing Address 5301 TRENT WOODS DRIVE

City

Trent Woods

State

NC

Zip Code

28562-7443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Radiology Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: 39850025

Amount of Each Receipt this Period

160.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Adam Specht

Mailing Address 3309 Chappell PI

City

Virginia Beach

State

VA

Zip Code

23452-6290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: 39850034

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William Herrington

Mailing Address 1110 Laurel PI

City

Athens

State

GA

Zip Code

30606-5789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39973038

Amount of Each Receipt this Period

625.00

**SUBTOTAL** of Receipts This Page (optional) .....

1785.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Danielson

Mailing Address 6105 Shadowbrook Dr

City

Bettendorf

State

IA

Zip Code

52722-6567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Group, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39973041

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Howard Bear

Mailing Address 4931 Pearlman Way

City

San Diego

State

CA

Zip Code

92130-2789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
San Diego Imaging Medical  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39978168

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Jandl

Mailing Address 939 Quarter Round Road

City

Pacolet

State

SC

Zip Code

29372-3516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenville Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39978172

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. James Webb

Mailing Address 9132 E 101st PI

City

Tulsa

State

OK

Zip Code

74133-6912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Oklahoma Health  
Sci Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39978270

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jugesh Cheema

Mailing Address 2466 Oak Bend PI

City

Newburgh

State

IN

Zip Code

47630-8053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center of Delaware

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39978273

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William Ray

Mailing Address 1907 Redbud Lane

City

Bloomington

State

IL

Zip Code

61704-2773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bloomington Radiology SC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39978404

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. James Rawson

Mailing Address 3977 Cheyene Trl

City

Martinez

State

GA

Zip Code

30907-5113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical College of Georgia

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: 39978521

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City

Monroe

State

NC

Zip Code

28110-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: 39978526

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alfred Mansour, JR

Mailing Address 2400 Horseshoe Dr

City

Alexandria

State

LA

Zip Code

71301-2612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central LA Imaging Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: 39978810

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional) .....

208.68

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark Wittry

Mailing Address 10525 Concord School Rd

City

Saint Louis

State

MO

Zip Code

63128-1232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West County Radiological  
Group, Inc.

Occupation

Cardiac Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39978811

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Eric Sax

Mailing Address 9 Old Sudbury Rd

City

Lincoln

State

MA

Zip Code

01773-4807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Imaging Institute

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39979282

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Dr. Amy Kirby

Mailing Address 5209 Pulchella Drive

City

Oklahoma City

State

OK

Zip Code

73142-6811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eagle Eye Imaging

Occupation

Radiology Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 39979285

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

368.34

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Martin Schwartz

Mailing Address 5540 Havenhill Rd

City  
IrondaleState  
ALZip Code  
35210-2156FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Birmingham, PCOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: 39979548

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. E Michael Donner, III

Mailing Address 499 Beau Chene Dr

City  
MandevilleState  
LAZip Code  
70471-1765FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northshore Imaging Assoc,  
LLCOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	1

Transaction ID: 40345702

Amount of Each Receipt this Period

0.00

**[MEMO ITEM]**Refund(s) on Schedule B  
Totaling \$1000.00 This changes the YTD Total to \$0-.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

200737.82

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Upton For All Of Us

Mailing Address P.O. Box 490

City  
St. JosephState  
MIZip Code  
49085

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Frederick Stephen Upton

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District: 06

Transaction ID: 39468038

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Boustany Jr Md For Congress, Inc

Mailing Address PO Box 80126

City  
LafayetteState  
LAZip Code  
70598

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Charles W. Boustany, Jr.

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA

District: 07

Transaction ID: 39468039

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

New Democrat Coalition PAC (NDC PAC)

Mailing Address 607 14th Street NW  
Suite 800City  
WashingtonState  
DCZip Code  
20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

New Democrat Coalition PAC (NDC PAC)

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 39468054

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Leadership of Today & Tomorrow

Mailing Address PO BOX 26641

City  
LOS ANGELES

State  
CA

Zip Code  
90026

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Leadership of Today & Tomorrow

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 39468197

Date of Disbursement

04 / 06 / 2011

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
Friends Of Sherrod Brown

Mailing Address PO Box 76187  
Suite 800

City  
Washington

State  
DC

Zip Code  
20013

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Sherrod Brown

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: 39468497

Date of Disbursement

04 / 05 / 2011

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
Whitfield For Congress Committee

Mailing Address P.O. Box 391

City  
Hopkinsville

State  
KY

Zip Code  
42241

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Edward Whitfield

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 01

Transaction ID: 39616955

Date of Disbursement

04 / 12 / 2011

Amount of Each Disbursement this Period

3500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Pete PAC

Mailing Address 7804 Evening Lane

City  
AlexandriaState  
VAZip Code  
22306

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Pete PACOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 39639405

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	1

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City  
SpokaneState  
WAZip Code  
99210

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Cathy McMorris RodgersOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 05

Transaction ID: 39639411

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	1

Amount of Each Disbursement this Period

4000.00

**C.**

Full Name (Last, First, Middle Initial)

ICE PAC

Mailing Address 9158 E STARING LANE

City  
EDEN PRAIRIEState  
MNZip Code  
55347

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
ICE PACOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 39687058

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	1

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

11500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian Bilbray For Congress

Mailing Address 2466 Unicornio Street

City Carlsbad State CA Zip Code 92009

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Mr. Brian Bilbray

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 50

Transaction ID: 39687290

Date of Disbursement

04 / 18 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Bill Cassidy For Congress

Mailing Address 8550 United Plaza Blvd.  
Suite 1001

City Baton Rouge State LA Zip Code 70809

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. William Cassidy, MD

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 06

Transaction ID: 39687629

Date of Disbursement

04 / 14 / 2011

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Renee Ellmers For Congress Committee

Mailing Address P.O. Box 904

City Dunn State NC Zip Code 28335

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Renee Ellmers

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 02

Transaction ID: 39687876

Date of Disbursement

04 / 14 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Engel For Congress

Mailing Address 462 California Road

City  
BronxvilleState  
NYZip Code  
10708

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Eliot L. Engel

Office Sought:

☒

House

☐

Senate

☐

President

State: NY

District: 17

Disbursement For:

2012

☒

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 39687880

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	1

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Stivers For Congress

Mailing Address 4679 Winterset Drive

City  
ColumbusState  
OHZip Code  
43220

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Steve Stivers

Office Sought:

☒

House

☐

Senate

☐

President

State: OH

District: 15

Disbursement For:

2012

☒

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 39687882

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	1

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

36500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. E Michael Donner, III

Mailing Address 499 Beau Chene Dr

City  
Mandeville

State  
LA

Zip Code  
70471-1765

Purpose of Disbursement

Per doctor's request the contribution was refunded

Candidate Name

010

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 39850041

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	1

Amount of Each Disbursement this Period

1000.00

Per doctor's request the  
contribution was refunded

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

1000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 40185181

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Amount of Each Disbursement this Period

1646.69

Bank Fees

SUBTOTAL of Disbursements This Page (optional) .....

1646.69

TOTAL This Period (last page this line number only) .....

1646.69